

CITY OF ATLANTA

OFFICE OF CONTRACT COMPLIANCE 55 TRINITY AVENUE, SW, SUITE 1700 ATLANTA, GEORGIA, 30303 OFFICE (404) 330-6010 FAX (404) 658-7359

THE EQUAL BUSINESS OPPORTUNITY PROGRAM CERTIFICATION AFFIDAVIT

CORPORATION

Dear Prospective Minority, Female Business Enterprise Applicant:

Thank you for your interest in becoming a certified participant in the City of Atlanta Equal Business Opportunity (EBO) Program as an African American Business Enterprise (AABE), a Female Business Enterprise (FBE), a Hispanic Business Enterprise (HBE), an Asian Business Enterprise (ABE) or a Native American Business Enterprise (NABE).

ALL questions on the certification application must be answered completely and ALL requested documentation must accompany the application. Submit the completed application and documentation to the Office of Contract Compliance. Failure to complete portions of the application and provide the required documentation will delay the certification process or result in denial of certification.

The information on the application must be true and accurate to the best of the applicant's knowledge. The application must be signed and notarized. The information requested is for use by the Office of Contract Compliance only and will be kept confidential to the extent allowable by law.

Your business must be located within one of the following ten county areas to be considered for certification in the City of Atlanta Equal Business Opportunity Program. The ten county area includes: Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett, and Rockdale counties.

If your company is denied certification, you have the right to appeal the decision in accordance with the City of Atlanta Code of Ordinances §2-1456.

If you have any questions please contact the Office of Contract Compliance at (404) 330-6010.

DOCUMENTS TO BE SUBMITTED

Re		ed Documents for All Applicants:
		Bank Signature Card.
		Proof of Minority or Female Status (birth certificate with Picture I.D. or Passport).
	3.	Copy of current Business License which shows that company is located in one of the following
		10 counties; Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Henry, Gwinnett,
		Rockdale.
	4.	Current Resume of all principals of company showing Education, Training, Employment
		experience with dates.
	5	Provide copy of the lease, rental, or management agreement for business premises,
		including local business telephone number.
	6	
	0.	Organizational Chart
	/.	Email Address
Α.	Add	itional Requirements for a Corporation
		Previous two years Federal Corporate Tax returns including all schedules.
		Certificate of Incorporation, and Articles of Incorporation, including Amendments.
		Minutes of First Corporate Organizational meeting.
	4.	Minutes of any subsequent meeting during which changes in the ownership and/or
		management of corporation are discussed.
		Corporate By-Laws.
	6.	Copy of all stock certificates issued to date (include front and back sides of any canceled
		or replaced certificates. (do not include a specimen copy.)
	7.	Stock-ledger.
	8.	If you are incorporated outside the State of Georgia, include a copy of the firms
		Certificate of Authority to conduct business in the State of Georgia.
		·
B.	Add	itional Requirements for a General Partnership
		Previous two years Federal Partnership Tax returns, Form 1065, including all
		schedules
	2	. Partnership Agreement and Amendments which reflect change in ownership or profit
		sharing.
	3	Buy-out rights agreement (if separate).
_	J. 1	Profit Sharing agreement (if separate).
		Proof of capital invested (canceled checks, front and back).
	0.	If Partnership was organized outside the State of Georgia, provide Certificate
		of Authority to do business in Georgia.
C	A 44	itional Requirements for a Limited Partnership
		Previous Two years Federal Partnership Tax returns, Form 1065, including all schedules.
	2.	Partnership Agreement and Amendments which reflect change in ownership or profit
	•	sharing.
		Buy-out rights agreement (if separate)
		Profit Sharing agreement (if separate)
		Proof of capital invested (canceled checks, front and back).
	6.	Certificate of Limited Partnership
	7.	Certificate of Existence.
	8.	If Limited Partnership was organized outside the State of Georgia, provide
		certificate of authority to do business in Georgia.
		·
D.	Add	itional Requirements for a Sole Proprietor
_		Previous two years Federal Tax returns including all schedules.
		Equipment rental and purchase agreement (if applicable).
		Proof of capital invested (canceled checks, front and back).

E. Additional Requirements for a Limited Liability Company

l. Copy of the Article of Organization and the Certification of Organization.
2. Copy of the Statement of Organizers.
3. Copy of the Operation Agreement and all Amendments thereof.
4. Proof of capital invested (canceled checks, front and back).
5. Prior two years of Federal Tax Returns of Limited Liability Company, including all
schedules.
6. If Limited Liability Company was organized outside the State of Georgia, provide
certificate of authority to do business in Georgia
7. Certificate of Existence.
8. If LLC is a conversion of another form of business - include Certificate of Election from
Georgia Secretary of State.

The EBO Affidavit and all supporting documents must be submitted together. All supporting documents relevant to your legal form of business enterprise (corporation, general partnership, limited partnership, sole proprietor or limited liability company) must also be submitted with the EBO Affidavit. Failure to submit all the required documentation will result in a delay in the processing or denial of certification of your business.

Please submit all completed documents bound with alphabetized tabs to:

City of Atlanta Office of Contract Compliance 55 Trinity Avenue, SW, Suite 1700 Atlanta, Georgia 30303-0321 Accounting

Advertising/Marketing Airport Services Architecture

Asbestos Abatement

Attorneys

Audio Visual Services/Audio Visual Supplies

Automotive Sales/Supplies/Services

Background Investigation

Banners/Tents Bridges/Tunnels Business Consultant Cable Services CADD

Carpentry Catering Chemicals

City Planning/Urban Design

Computer Services
Computer Supplies
Concessions
Concrete/Paving

Construction Management Construction Steel Construction Supplies

Counseling

Courier/Mailing Services

Data Processing
Debt Collection
Demolition
Development
Drywall

Educational Services
Electrical Contracting
Electrical Supplies

Elevator Services Employment Services

Engineering

Environmental Consultant Equipment Supplies Erosion Control Excavation

Facilities Management

Fencing
Film Production
Financial Services
Fire Protection
Flooring
Food Supplies
Gas/Oil

General Construction/General Contracting

Geotechnical Engineering

Glass Services Goods Supplies

Grading Hauling Hazardous Material Management/Removal

Healthcare Services Heavy Construction

HVAC Hydraulics Insulation

Insurance/Bonding
Interior Construction
Interior Design
Janitorial Services
Janitorial Supplies
Landscaping
Mapping
Masonry

Medical Supplies Moving/Storage Services Noise Abatement

Office Furniture/Office Supplies

Painting/Wall Covering Parking Management

Pest Control Photography Pipelaying/Piping Plumbing

Pressure Cleaning

Printing/Graphics/Publishing

Professional Training

Promotions

Property Management Public Relations Real Estate Recycling Renovations Retail Food

Retail Goods & Services

Roofing

Security Services

Signage

Special Event Planning Stenography/Court Reporting Telecommunication Services

Towing Services Traffic Control

Transportation Services

Trash Removal Uniforms

Utilities Construction Valet Parking Vehicle Cleaning

Vending

Water Meter Service/Repair

Water/Sewer Welding

As of November 13, 2002

EQUAL BUSINESS OPPORTUNITY (EBO) CERTIFICATION AFFIDAVIT FOR

Name of Enterprise				
City of Atlanta Project Pending?	yes	no	Bid Due Date:	
FC#	Name of	Project:_		

The information supplied herein by an authorized individual shall clearly identify and evidence the extent of minority and/or female ownership and control of this business enterprise.

All required supporting documents must be included, along with the signature of the authorized persons affixed where ever requested. This EBO Affidavit must be signed and notarized prior to evaluation by the Office of Contract Compliance.

*Note: All items on this EBO Affidavit must be completed and submitted to the Office of Contract Compliance at the same time.

Definitions:

City of Atlanta Ordinance Section 2-1443 sets out the definitions for "African American", "African American Business Enterprise" (AABE), "Asian American Business Enterprise" (ABE), "Bid", "Bidder", "Commercially Useful Function", "Controlled", "Eligible Project", "Female Business Enterprise", (FBE), "Hispanic Business Enterprise" (HBE), "Joint Venture", "Native American Business Enterprise", (NABE), "Minority Business Enterprise", (MBE).

"Minority Business Enterprise (MBE)": a business which is an independent and continuing operation for profit, performing a commercially useful function and which is owned and controlled by one or more minority group members, as defined in Section 2-1356, which group has been determined to have suffered discrimination requiring amelioration as defined in Section 2-1445(23), (24) and is certified as such by the city.

"Owned": the minority or female owner, shall possess an ownership interest of at least 51 percent of the business; such ownership shall be real and continuing and shall go beyond the mere indicia of ownership of the business reflected in the ownership documents; and the minority or female owner shall enjoy the customary incidents of ownership and shall share in the risks and profits commensurate with their ownership interests, as demonstrated by an examination of the substance, rather than the form of ownership arrangements.

"Controlled": the minority or female shall possess and exercise the legal authority and power to manage business assets, good will and daily operations of the business; and actively and continuously exercise such managerial authority and power in determining the policies an directing the operations of the business.

PLICANT IS APPLYING FOR CERTIFICATION AS	S:
African American Business Enterprise(AABE)	Corporation
Female Business Enterprise (FBE)	Partnership
Hispanic Business Enterprise (HBE)	Sole Proprietor
Asian Business Enterprise (ABE)	Limited Partnership
Native American Business Enterprise (NABE)	Limited Liability Co.
ect from the business categories on the list included with ter which your business should be listed in the City of Atla PORTUNITY REGISTER	1 1

In an effort to become certified for participation in the City of Atlanta's EQUAL BUSINESS OPPORTUNITY PROGRAM, affiant/applicant offers the following information as evidence of its qualifications:

1.

The name of the principal, owner, partner, or	corporate officer is:
	Title:
The mailing address is:	
City:County:	State:Zip:
Telephone: ()	Fax()
Pager: ()	Mobile #: ()
Email Address:	
	2.
A. Is the principal, owner a citizen of the UnB. If NO, is the principal, owner a lawful per	
	3.
A. Previous certification or approval as an M	I/FBE with the City of Atlanta?no
B. Previous certification or approval as an M	I/FBE with any other governmental agency? yesno
C. If you answered YES to any of the above certifications, approval letters or certificates a	questions, please provide a copy of the respective and attach them to this EBO AFFIDAVIT.
D. Denial of certification as an M/FBE by an	y governmental agency?
E. If YES submit copy of denial document	yesno

F. Has there been participation and involvement by any of the principals in another firm we there has been a challenge, appeal or suspension of M/FBE certification by the City of A any other governmental entity?					
		<u>-</u>	yes	no	
whether the acof the government	scribe the following: (a) the ction was a suspension, (defined agency (including suspension is:) whether the enterpr	ise filed a forma	al appeal, (e) the Name	
		4.			
Are there any	licenses or accreditation'	s required to engage i		f your enterprise?	
ТҮРЕ	ISSUED TO	ISSUED BY	DATE ISS	SUED	
	·	5.			
The business	was started, formed and/o _in the following manner:		ent owners on _	19	
	_Bought as existing busin	essStarted a	as new business		
	_Secured Franchise	1	Merger or conso	lidation	
Other Manner	r; explain				

in the same of the same property.	1186		
		_	_
		7.	
-		-	with any other firm(s) as
employees, sharehold	iers, directors, mem	yes no	
If YES, they are:		ycsno	
Name of Person	Affiliated Firm Telephone		
affiliated with another	affiliated firm.	firm.	_
affiliated with another	anmateu m m.	mm.	Number
affiliated with another	aimateu iii iii.	III III.	_
affiliated with another	anniated in in.	III III.	_
affiliated with another	annated min.	III III.	_
affiliated with another	annated min.	III III.	_
affiliated with another	annated min.	III III.	_
affiliated with another firm	anniated in in.	8.	_

The total amount of moneys and all items of any value owed to the enterprise by an	ny and all firm
principals and/or spouse(s) or family members of principals:	

Title/Name	Reason for Debt	Amount of Debt	Date Issued/Due
_			
1			

The total amount of moneys and all items of any value which the enterprise <u>owes to any shareholder</u>, <u>partner</u>, <u>principal</u>, <u>officer or member</u> of the applicant enterprise or any spouse or sibling of the applicant enterprise.

Title/Name	Reason for the Debt	Date Issued/Due
		+

10.

The assets of the applicant/business, including real estate holdings, trade equipment, office furnishings and office equipment include:

/Encumbrance perty

The name, title, sex and ethnic groups of the individuals of the business enterprise most responsible for:

I Nicesac	TP241 a	Com	Ethnia Chasses
Name	Title	Sex	Ethnic Group

					is a CORP	ORATION, (N	Name of
	tificate of In	The most r		by the Georgia	Secretary	, ,	
				13.			
	Common		Pre			f Incorporatio	n?
Are there p	lans to issue	additional s	shares?	yes		_no	
The Shareh Share Holders	olders of the Ethnic Group/Sex	Age Age	Class of Stock	# of Shares % of Whole	Amount Paid	Date of Purchase	

15.

A. The Members of the Board of Directors of the Corporation are:

Name	Ethnic Group/ Sex	Home Address, Telephone #	Date of Appointment	Term of Appointment

B. Does each di	rector have an equ	al vote on all mat	•	ore the Board?
If NO, the manne	er in which directo	ors' votes are coun	ted and credited.	
		16.		
The prior Memb	ers of the Board or	f Directors of the	corporation.	
Name	Ethnic Group/ Sex	Home Address, Telephone #	Date of Appointment	Term of Appointment
		17.		
The Officers of t	he Corporation are	e:		
Office Held/ Name of Officer	Ethnic Group Sex	Home address Telephone #	Date of Appointment	Term of Appointment

Office Held/ Name of Officer	Ethnic Group Sex	Home address Telephone #	Date of Appointment	Term of Appointment

What persons, firms, or entities have currently loaned monies to the corporation?

		T	T
Source	Amount	Reason for Loan	Conditions/Terms
		19.	
Is your company bon	ded?	yes	no
If YES, then list the o	current bonding compa	any, bonding limit, an	nount of any Letter of C
	ution and attach a cop		•
Bonding Co./ Address	Bond Limit	Issuing Bank	Dollar Value of Letters of Credit
		20.	
The Corporation's pri	mary banking instituti	on is:	
Name of Bank	Address/City	Contact Person	Checking Acct.#
		21	
		21.	
	alaries, bonuses and counths (rounded to the the		porate officers and otherws:

Name	Title	Salary	Bonus	Comm.	Deferred Comm.	Total

If no salaries, bonuses, or commissions have been paid in the last 12 months, please provide a brief explanation:_____

T ' '	1 1 1	1 1	.1 (· · ·	1 .	· C 11
Hallinment rent	ed leased	or owned by	y the Cor	noration for	hiiginegg 1	purposes is as follows:
Equipment fent	cu, icascu	or owned o	y uic Coi	poranonion	Uusiiicss	pui poses is as ionows.

Equipment Type	Rented/Lease Own	Name of Lessor	Lessor's Phone #	Initial and End of Contract

23.

The following persons, firms or entities contributed equipment, finances or personnel to the Corporation:

Name of Firm	Address/City	Telephone #	Amount and type of support supplied

24.

Does the Corporation share space with another enterprise? Yes	Doe	es the Corpo	ration share	space with	another of	enterprise?	Yes	1
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If YES:

Name of other firm	Address	Type of Space	Relationship to Applicant/ Principle

Customer Customer Description of Work Performed: Description of Work Performed: (Name of performed as a PRIME CONTRACTO following firms within the past twelve) Subcontractor Firm Address/City Terms and the performed is the performed in the past twelve of the performance of	26. If Enterprise) OR and has had the	Telephone	#has
Description of Work Performed: The Applicant Enterprise, (Name of performed as a PRIME CONTRACTO following firms within the past twelve	26. of Enterprise) OR and has had the		has
The Applicant Enterprise,(Name of performed as a PRIME CONTRACTO following firms within the past twelve	26. of Enterprise) OR and has had the		has
performed as a PRIME CONTRACTO following firms within the past twelve	of Enterprise) OR and has had the	e occasion to SU	has
performed as a PRIME CONTRACTO following firms within the past twelve	OR and has had the	e occasion to SU	has
Subcontractor Firm Address/City	months.		DECIVIRACI WO
	Celephone # Dat	te of	Contract
The Applicant Enterprise,			has
(Name of performed as a SUBCONTRACTOR of PRIME CONTRACTORS:	f Enterprise)		
Prime Contractor Address	/City Telephone	# Date of	Contract

The undersigned does hereby swear or affirm that the statements contained in this EQUAL BUSINESS OPPORTUNITY CERTIFICATION AFFIDAVIT and all attachments herein which have been provided in support of the foregoing application for certification are true, accurate, complete and includes all information necessary to identify and explain the ownership and operation of

Name of Business Enterprise

Further, the undersigned does covenant and agree to provide the City of Atlanta's Office of Contract Compliance with current, complete and accurate information regarding this Affidavit, its attachments or any other information deemed reasonably relevant to any project or contract issued by the City of Atlanta. The undersigned further agrees that as part of this certification procedure, OCC may freely contact any person or organization named in this application to verify statements made in this application and/or to secure additional information or data required to grant to or withhold from the applicant enterprise certification as a Minority-owned Business Enterprise or a Female Business Enterprise. The undersigned understands and agrees that failure to submit required materials and/or to consent to interview(s); audit(s); and/or examination(s) will be grounds for immediate rejection of this application for certification or re-certification. It is recognized and acknowledged that the statements contained in this application are being given under oath and that any material misrepresentation shall be construed and deemed to be subject to Section 17-11012 of the City of Atlanta's Criminal code of Ordinances in addition to being grounds for denial of certification or for de-certification and may result in the denial of an award or the termination of contract which may have been awarded as a result of the information contained in this application.

The undersigned further acknowledges that information contained in this application may be shared with any public department or agency so long as the sharing of such information is in reasonable furtherance of the OCC investigation. It is further understood that certification will be revoked if after proper investigation by OCC, the applicant is determined to be engaging in activities which circumvent the intent of the EBO Program.

PROHIBITIONS AGAINST FALSE AND FRAUDULENT REPRESENTATIONS TO THE CITY

Pursuant to Atlanta City Code Section 106-90, it shall be unlawful for any person, knowingly and willfully and with intent thereby to mislead either on such person's own behalf or on behalf of others, as principal or agent, to make or file orally or in writing any false representations of fact to any department of City government. The City will impose applicable penalties and sanctions against any person making such false representation in connection with the City's Equal Business Opportunity Program. In addition, the City will seek all available remedies under Georgia and Federal statutes against any person who knowingly, willfully or fraudulently attempts to obtain certification as a minority or female business enterprise.

ATTESTATION: I CERTIFY THAT ALL REPRESENTATIONS IN THIS CONTRACT
EMPLOYMENT REPORT ARE CORRECT AS OF THE DATE STATED. THE UNDERSIGNED
FURTHER ACKNOWLEDGES THAT CERTIFICATION IS NORMALLY REVIEWED EVERY
TWO YEARS, HOWEVER, THE OFFICE OF CONTRACT COMPLIANCE RETAINS THE
RIGHT TO RE-EVALUATE THE CONTENTS OF THIS APPLICATION AT ANYTIME. THE
UNDERSIGNED ALSO SWEARS OR AFFIRMS THAT THE COPIES OF THE RECORDS
WHICH ARE ATTACHED HERETO AND IDENTIFIED WITH ALPHABETIZED TABS ARE
TRUE AND CORRECT COPIES OF THE BUSINESS RECORDS AS MAINTAINED BY THE
UNDERSIGNED ON BEHALF OF

(Name of Enterprise)
The undersigned further acknowledges that certification is normally reviewed every two years; however, OCC retains the right to re-evaluate the contents of this application at any time.
Name of Person Signing: (Print)
Title of Person Signing: (Print)
Signature:
(Must match name of person signing)

Notary Public (Must exhibit seal and stamp to be acceptable)

CITY OF ATLANTA Contract Employment Report

PLEASE TYPE OR PRINT IN INK. EACH APPLICABLE ITIEM ON THIS FORM MUST BE COMPLETED. INCOMPLETE FORMS WILL NOT BE PROCESSED. NAME OF FIRM: TELEPHONE No._ FAX NO. _____ NAME OF OWNER: CITY: MAILING ADDRESS: _____ STATE: COUNTY: ZIP CODE: PLEASE COMPLETE THE FOLLOWING INFORMATION WHAT TYPE OF BUSINESS WOULD YOUR COMPANY BE ENGAGED IN WITH THE CITY OF ATLANTA? IS YOUR COMPANY AN AFFILIATE OR DIVISION OF A PARENT COMPANY? IF YOUR COMPANY IS A DIVISION OF A PARENT COMPANY, A CONTRACT EMPLOYMENT REPORT FORM MUST BE COMPLETED FOR THE PARENT COMPANY AS WELL AS THE ATLANTA AREA DIVISION. HAS YOUR COMPANY PREVIOUSLY RECEIVED AN EEO CERTIFICTION FROM THE CITY OF ATLANTA? PLEASE LIST THE NUMBER OF EMPLOYEES IN EACH CATEGORY Management/ **Professionals Supervisors** Office/Clerical/Sale Craftsmen/Labore **Officials** Arch, Engineers, etc Male Female Male Female Male Female Male Female Male Female Black White Asian American Native American Hispanic Other TOTAL I CERTIFY THAT ALL REPRESENTATIONS ON THIS CONTRACT EMPLOYMENT REPORT FORM ARE CORRECT AS OF THE DATE STATED.

PREPARER'S SIGNATURE

TITLE

PRINT PREPARER'S NAME

DATE